

Children's Dental Services

Preventive Services

	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations
Cleanings	Х			2 x year	Additional services may be prior authorized
Fluoride treatments (including fluoride varnishes)	Х			2 x year	Additional services may be prior authorized
Sealants (list any tooth-specific limits)	Х			1 x every 5 years	Limited to teeth 2, 3, 4, 5, 12, 13, 14, 15, 18, 19, 20, 21, 28, 29, 30, 31.
Space maintainers	Х				

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Diagnostic Services

	ls th	the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations		-				
	Х					By age one.
X-Rays						
Bitewing	Х				One time every six months.	
Full Mouth	Х				One time every three years.	
Panoramic	Х				One time every three years or additional panoramic radiographs may be prior authorized if needed.	

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Treatment Services

	Is the service Covered?						
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage	
Fillings		-					
Silver amalgam	Х						
Tooth colored composite	Х						
Crowns/tooth caps							
Stainless steel crowns		Х					
Metal (only) crowns		Х					
Metal/porcelain crowns		Х					
Porcelain (only) crowns		Х					
Root Canals (endodontics)							
Root canals on baby teeth (pulpotomies)		X					
Root canals on permanent teeth		Х					
Gum (periodontal) therapy							
	Х						

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	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Dentures						
Partial dentures						
Complete dentures						
Bridges		Х			Removable partial dentures.	
Orthodontics*						
Retainers (orthodontic)		Х			Only one repplacement retainer per lifetime regardless of the reason	
Braces		X				
Oral surgery	•					
Simple extractions	X					
Surgical extractions		Х				
Care of abscesses	X					
Cleft palate treatment	Х				Multiple intervventions require PA only for the reason of system limitations	
Cancer treatment	X					
Treatment of fractures	X					
Biopsies	X					

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	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Treatment of jaw joint problems (TMJ)	•	•				
	X					
Emergency room services provided by	a dentist	•				
	X					
Inpatient Hospital Services		•				
		X			Major medical.	
Anesthesia		•				
General anesthesia	х					Provider must be licensed to deliver GA.
Intravenous conscious sedation	Х				Provider must be licensed to deliver IV sedation.	
Non-intravenous conscious sedation	X					
Analgesia (nitrous oxide)	Х				Patient is under 8 years of age OR if the child is over the age of 8 s/he must have a behavioral problem or a diagnosis code of 184 or greater.	

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* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).